



# STATE OF INDIANA

FRANK O'BANNON, Governor

PATRICK R. RALSTON, Executive Director

STATE EMERGENCY MANAGEMENT AGENCY  
DEPARTMENT OF FIRE AND BUILDING SERVICES  
PUBLIC SAFETY TRAINING INSTITUTE  
INDIANA GOVERNMENT CENTER SOUTH  
302 W. WASHINGTON ST., ROOM E208  
INDIANAPOLIS, IN 46204

## EMERGENCY MEDICAL TECHNICIAN APPLICATION FOR RECIPROCITY

Applicant's Name \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone # (Day) \_\_\_\_\_ SSN# \_\_\_\_\_ Birth Date \_\_\_\_\_

Applicant must have completed, as a minimum, the U.S. Department of Transportation's Basic Training Course for Emergency Medical Technicians to qualify for reciprocity in Indiana.

1. Are you at least 18 years of age? Yes \_\_\_\_ No \_\_\_\_
2. In what State are you currently certified? \_\_\_\_\_
3. Are you certified with the National Registry? \_\_\_\_\_ Expiration Date \_\_\_\_\_
4. Have you completed an EMT-B Transition Course? \_\_\_\_\_
5. While serving in the Military of the United States, did you successfully complete a course of training equivalent to the Indiana Basic Emergency Medical Technician training course?  
\_\_\_\_\_
6. Please attach a copy of any and all evidence that you have completed an approved U.S. Department of Transportation's Basic Training Course for Emergency Medical Technicians. Also include copies of your State or National Registry Certification.
7. Have you been trained in Intravenous Line Maintenance? Yes \_\_\_\_ No \_\_\_\_  
If yes, please submit a copy of the curriculum and a certificate of completion from the course you took.

I understand that if I am approved for reciprocity by the State of Indiana, I will be required to successfully complete the Emergency Medical Technician Practical and Written Examinations prior to submitting an application for certification.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:  
Certification Supervisor  
Public Safety Training Institute  
302 West Washington, Room E239  
Indianapolis, IN 46204  
Questions? Please call us at 1-800-666-7784

An Equal Opportunity Employer